

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED

2014 JUN -9 AM 10:00

Office Use Only

1. NAME OF  
COMMITTEE (in full)



(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

FEC MAIL CENTER

Minnesota Farm Bureau Federation PAC

ADDRESS (number and street)

P.O. Box 64370



(Check if address  
is changed)

St. Paul

CITY ▲

MN

STATE ▲

55164-10370

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address  
is changed)

david.johnson@fbmn.org

Optional Second E-Mail Address

michelle.degeest@fbmn.org

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address  
is changed)

www.fbmn.org

2. DATE

05 / 28 / 2014

3. FEC IDENTIFICATION NUMBER ►

C00417675

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

David Johnson

Signature of Treasurer

*David Johnson*

Date

05 / 29 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)